

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1												
2							51					
3							52					
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47							96					
48							97					
49							98					
50							99					
Total Indep							100					
Total Depend							Total Indep					
Total Claims							Total Depend					
							Total Claims					